## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10711849

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIMS		(Coldinii 1)				1 ,			OR 7			
TOTAL CLAIMS			24					RATE	FEE	4	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	395.00	OR	BASIC FEE	790.00	
TOTAL CHARGEABLE CLAIMS			2 4minus 20=		* 4			X\$ 9=		OR	X\$18=	72	
INDEPENDENT CLAIMS			2 minus 3 =					X44=		OR	X88=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT	•	•			+150=	-	OR	+300=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	862		
CLAIMS AS AMENDED - PART II										•	OTHER	THAN	
		(Column 1)		(Column		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	*	Minus	**		= 1		X\$ 9=		OR	X\$18= .	٠	
AME	Independent	<u> </u> *	Minus	***		=		X44=		OR	X88=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=		OR	+300=		
						•	L	TOTAL		OD	TOTAL		
		A	DDIT. FEE		OH.	ADDIT. FEE							
	(Column 1) (Column 2) (Column 3							<del> </del>	ADDI		-	ADDI	
AMENDMENT B		REMAINING AFTER - AMENDMENT	·	NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE ,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X44=		OR	X88=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	TIPLE DEPENDENT		Ц	J	+150=		ı	+300=		
								TOTAL		OR	TOTAL		
ADDIT.										OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=		X\$ 9=		ÖR	X\$18=		
ME	Independent	* .	Minus	***		=		X44=			X88=	· · · · · ·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		<u> </u>	
										OR	+300=	,	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE													
		mber Previously Pa ber Previously Paid							opriate box				